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09/	Patent Departme Mitsubishi Electri 201 Broadway Cambridge, MA 0 2005 MBELETE2 0000	c Research Laboratories 2139	_		I hereby certify that States Postal Service addressed to the Maransmitted to the U	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below. ADDREU J. CLERU (Depositor's name)		
FC:	1501 1400.00 1504 300.00) DA				Avast 4, Zwa	(Signature) (Date)	
Г	APPLICATION NO. FILING DATE			FIRST NAMED I	INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
_	09/810.839	09/810,839 03/16/2001			Perry	CR-1315	7082	
TITLE OF INVENTION: CONVERSION OF ADAPTIVELY SAMPLED DISTANCE FIELDS TO TRIANGLES								
APPLN. TYPE		SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
_	nonprovisional NO		\$1400		\$300	\$1700	\$1700 08/08/2005	
L	EXAMINER				CLASS-SUBCLASS			
	WALLACE, SCOTT A 2675				345-420000			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)								
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.								
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
MITSUBISHI ELECTRIC RESEARCH LABS, INC CAMBRIDGE, MA								
Ple	ase check the appropria	te assignee category or catego	ries (will not be pr	inted on the pat	ent): 🗖 Individual 🗳	Corporation or other private g	group entity Government	
	The following fee(s) are	e enclosed:	4b	. Payment of Fe	ee(s): DEP. ALLT 5	50-0749		
	Issue Fee			A check in the amount of the fee(s) is enclosed.				
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				The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).				
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).								
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